

<i>SERFF Tracking Number:</i>	<i>LTCG-127162983</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48829</i>
<i>Company Tracking Number:</i>	<i>GW FPO LTR</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Genworth Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>Genworth FPO Letter Filing/GW FPO LTR</i>		

Filing at a Glance

Company: Genworth Life Insurance Company		
Product Name: Genworth Group Long Term Care Insurance	SERFF Tr Num: LTCG-127162983	State: Arkansas
TOI: LTC03G Group Long Term Care	SERFF Status: Closed-Filed-Closed	State Tr Num: 48829
Sub-TOI: LTC03G.001 Qualified	Co Tr Num: GW FPO LTR	State Status: Filed-Closed
Filing Type: Advertisement	Author: Timothy Cassidy	Reviewer(s): Harris Shearer, Stephanie Fowler
	Date Submitted: 05/19/2011	Disposition Date: 06/02/2011
		Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Genworth FPO Letter Filing	Status of Filing in Domicile: Pending
Project Number: GW FPO LTR	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: The filing is pending with Delaware, the company's state of domicile.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Association, Trust, Other	Explanation for Other Group Market Type: Labor Unions
Overall Rate Impact:	Filing Status Changed: 06/02/2011
	State Status Changed: 06/02/2011
Deemer Date:	Created By: Timothy Cassidy
Submitted By: Timothy Cassidy	Corresponding Filing Tracking Number:
Filing Description:	
Re: ADVERTISING FILING: ACCIDENT AND HEALTH INSURANCE	
GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025	
Group Long Term Care Insurance Marketing Materials: See Listing	
For use under Group Policy Forms 7046POL, et al	

<i>SERFF Tracking Number:</i>	<i>LTCG-127162983</i>	<i>State:</i>	<i>Arkansas</i>
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On behalf of Genworth Life Insurance Company we submit, for your information and approval, the company's letters to be used in the Future Purchase Option Offer under its Group Long Term Care Insurance product on policy form series 7046 that was approved by Arkansas on September 13, 2005 and subsequently. These letters will be used with previously filed advertising components on file with your Department on December 28, 2009, in SERFF filing identification number GEFA-126425965, Arkansas filing identification number 44374.

This material is new and does not replace any existing material. It will be used for those insured persons who are residents of Arkansas. The purpose of the advertising is to request response on a Future Purchase Option offer pursuant to the terms of the Group Policy under which they are insured. It differs from previously approved forms, NS46334B-LTR, NS46334BL-LTR, NS46334C-LTR, and NS46334CL-LTR, primarily in that it includes reference to declination of the offer. Other changes reflect the updated graphic depiction of the costs of care, and a correction to the caption below that graphic.

The material may be either generated from a system using forms created in Microsoft Word – those pieces include an "L" in the form number; OR generated from a print vendor using a more sophisticated graphic design.

The Offer Letters to Core Only insured persons, form numbers NS46334C-LTR 05/11 and NS46334CL-LTR 05/11, introduce the offer to those persons who are currently covered only by the base plan paid for by the employer/policyholder, and indicate the reply by date that must be met to allow the increase without underwriting. The Offer Letters to Voluntary insured persons, form numbers NS46334B-LTR 05/11 and NS46334BL-LTR 05/11, introduce the offer to those persons who are currently covered by voluntary or Core and Voluntary coverage, and indicate the reply by date that must be met to allow the increase without underwriting.

Variable material is indicated in brackets. There are three types of variables in the letters:

1. Variables are for the individualized information that is populated with the Group Policyholder's and insured's specific data.
2. Variables that will or will not appear, dependent on whether or not the Group Policy includes a Core and Buy-up plan.
3. The variables associated with the current cost of care survey. The year of the survey and the values for the cost of care will be taken from the latest survey available.

Company and Contact

Filing Contact Information

SERFF Tracking Number: LTCG-127162983 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 48829
 Company Tracking Number: GW FPO LTR
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Genworth Group Long Term Care Insurance
 Project Name/Number: Genworth FPO Letter Filing/GW FPO LTR

Timothy Cassidy, Director, Compliance tcassidy@univitahealth.com

Services

5 Commonwealth Road 952-516-6195 [Phone]
 Suite 2B 952-983-5128 [FAX]
 Natick, MA 01760

Filing Company Information

(This filing was made by a third party - longtermcaregroup)

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6620 West Broad Street	Group Code: 350	Company Type: Life, Health & Annuity
Building 4	Group Name:	State ID Number:
Richmond, VA 23230	FEIN Number: 91-6027719	
(804) 922-5085 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	Four pieces at \$25 each totals \$100.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$100.00	05/19/2011	47791192
Genworth Life Insurance Company	\$100.00	06/02/2011	48274821

SERFF Tracking Number:	LTCG-127162983	State:	Arkansas
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Product Name:	Genworth Group Long Term Care Insurance		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	06/02/2011	06/02/2011
Objection Letters and Response Letters			

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	06/02/2011	06/02/2011	Timothy Cassidy	06/02/2011	06/02/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	(MS Word) Offer Letter for Voluntary Coverage	Timothy Cassidy	05/27/2011	05/27/2011

<i>SERFF Tracking Number:</i>	<i>LTCG-127162983</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48829</i>
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Disposition

Disposition Date: 06/02/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LTCG-127162983</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Third Party Filer Authorization	Filed-Closed	Yes
Supporting Document	Cover Letter and Forms List	Filed-Closed	Yes
Form	Offer Letter for Voluntary Coverage	Filed-Closed	Yes
Form (revised)	(MS Word) Offer Letter for Voluntary Coverage	Filed-Closed	Yes
Form	Offer Letter to Core Only Insureds	Filed-Closed	Yes
Form	(MS Word) Offer Letter to Core Only Insureds	Filed-Closed	Yes
Form	(MS Word) Offer Letter for Voluntary Coverage	Replaced	No

SERFF Tracking Number: *LTCG-127162983* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *48829*
Company Tracking Number: *GW FPO LTR*
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *Genworth Group Long Term Care Insurance*
Project Name/Number: *Genworth FPO Letter Filing/GW FPO LTR*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/02/2011
Submitted Date 06/02/2011
Respond By Date 07/05/2011

Dear Timothy Cassidy,

This will acknowledge receipt of the captioned filing. The filing fees submitted are incorrect; the new rates under Rule 57 were effective January 1, 2010. Please submit \$50 for each rate and each form.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

SERFF Tracking Number: *LTCG-127162983* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *48829*
Company Tracking Number: *GW FPO LTR*
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *Genworth Group Long Term Care Insurance*
Project Name/Number: *Genworth FPO Letter Filing/GW FPO LTR*

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/02/2011
Submitted Date 06/02/2011

Dear Harris Shearer,

Comments:

Thank you for your letter dated today, June 2, 2011.

Response 1

Comments: We have added \$100 to the filing fee, bringing the total to \$200, which represents \$50 for each submitted form.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
Timothy Cassidy

SERFF Tracking Number: LTCG-127162983 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 48829
 Company Tracking Number: GW FPO LTR
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Genworth Group Long Term Care Insurance
 Project Name/Number: Genworth FPO Letter Filing/GW FPO LTR

Amendment Letter

Submitted Date: 05/27/2011

Comments:

We have amended the filing by replacing the letter NS46334BL-LTR 05/11 with a corrected version under the Form Schedule tab. The only change to the letter is that the following sentence has been inserted into the second paragraph: "If you increase your benefits, the cost for this additional coverage will be added to the premiums you currently pay."

Thank you.
 Tim Cassidy

Univita

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
NS46334BL-LTR 05/11	Advertising	(MS Word) Offer Letter for Voluntary Coverage	Initial				0.000	03_NS4334BL-LTR_0511_NONCore_lette r052611.pdf

SERFF Tracking Number: LTCG-127162983 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 48829
Company Tracking Number: GW FPO LTR
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Genworth Group Long Term Care Insurance
Project Name/Number: Genworth FPO Letter Filing/GW FPO LTR

Form Schedule

Lead Form Number: NS46334B-LTR 05/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 06/02/2011	NS46334B-LTR 05/11	Advertising	Offer Letter for Voluntary Coverage	Initial		0.000	01_NS46334B-LTR 0511 noncore_lette r051211.pdf
Filed-Closed 06/02/2011	NS46334B-LTR 05/11	Advertising (MS Word)	Offer Letter for Voluntary Coverage	Initial		0.000	03_NS4334B L-LTR_0511_N ONCore_lette r052611.pdf
Filed-Closed 06/02/2011	NS46334C-LTR 05/11	Advertising	Offer Letter to Core Only Insureds	Initial		0.000	02_NS46334C-LTR 0511_core_let ter051211.pdf
Filed-Closed 06/02/2011	NS46334C-LTR 05/11	Advertising (MS Word)	Offer Letter to Core Only Insureds	Initial		0.000	04_NS46334 CL-LTR_0511_C ore_letter050 411.pdf

[Group Logo Here]

[Month Date, 20xx]

Coverage ID Number [123456-7890]

[Response] [M.] [Group Sample]
[3951 Westerre Parkway]
[Suite 370]
[Richmond, VA 23233]
[|||||

Dear [Response M. Group,]

You made a thoughtful decision to help protect your future by purchasing [additional] coverage under the [Group Name] Group Long Term Care Insurance Program when it was first offered to you. Now, as one of the key benefits, you have the opportunity to purchase more coverage to help your plan keep pace with the costs of long term care.

You qualify for this additional coverage as long as you are not currently in claims status. [Employees of [Group name] will continue to have basic coverage paid for by [Group name].] If you increase your benefits, the cost for this additional coverage will be added to the premiums you currently pay. If you do not increase your benefits with this offer, your current coverage will continue unchanged; however, once you decline two consecutive offers, you will not be eligible for future coverage increases under these terms.

You'll find Benefit Increase details inside, as well as the Answers to Frequently Asked Questions.

Please act quickly, This opportunity is only available if you **respond on or before [Month Date, 20xx]**.

We hope to continue serving you well. Now and in the future.

Sincerely,

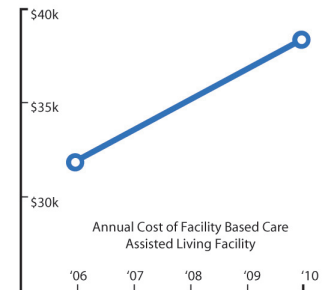
[Name]
[Title]
Genworth Life Insurance Company

NS46334B-LTR 05/11

Long Term Care Insurance Group Processing Center

PO Box [64010]
[St Paul, MN 55164-0010]

**Help to better protect yourself,
your family and your assets from
the rising cost of long term care**



The annual cost of long term care among assisted living facility providers has steadily increased over the past five years.¹

The good news – for a limited time, you can take advantage of group rates to purchase the additional coverage you'll need to keep pace.

The premium you'll pay for the increase in your coverage will be based on your age as of [xx/xx/xx]. The premium for your current coverage will not change.

¹Genworth [2011] Cost of Care Survey. Conducted by CareScout. [04/11]

Group Long Term Care Insurance is underwritten by Genworth Life Insurance Company. This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series 7046. [Form numbers can vary by state, including a state specific abbreviation. For example in Idaho the number can be shown as 7046CERT-ID or in Pennsylvania as 7046CERT-PA.]



Genworth Life Insurance Company
Long Term Care Insurance
Group Processing Center
PO Box [xxxxx]
[St. Paul, MN 55164-0010]

Help to better protect yourself,
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The premium you'll pay for the
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THERE ARE [3] WAYS TO INCREASE YOUR BENEFITS



Go online:
[\[www.upgradeltc.com\]](http://www.upgradeltc.com)



Call toll-free:
[1-800-555-1212]



By mail:
**Complete, sign and
return your enclosed
Acceptance Form**

Coverage ID Number: [XXXXXX]

[July 23, 2008]

[F_Name] [M_Initial] [L_Name]
[Street Address]
[City, State Zip Code]

Dear [F_Name] [M_Initial] [L_Name]:

You made a thoughtful decision to help protect your future by
purchasing [additional] coverage under the [Group name] Group
Long Term Care Insurance Program when it was first offered to you.
Now, as one of the key benefits, you have the opportunity to
purchase more coverage to help your plan keep pace with the costs
of long term care.

You qualify for this additional coverage as long as you are not
currently in claims status. [Employees of [Group name] will continue
to have basic coverage paid for by [Group name].] If you increase
your benefits, the cost for this additional coverage will be added to
the premiums you currently pay. If you do not increase your benefits
with this offer, your current coverage will continue unchanged;
however, once you decline two consecutive offers, you will not be
eligible for future coverage increases under these terms.

You'll find Benefit Increase Details inside, as well as the answers to
Frequently Asked Questions.

Please act quickly. This opportunity is only available if you **respond
on or before [Month day, year].**

We hope to continue serving you well. Now and in the future.

Sincerely,

[Name]
[Title]

¹ Genworth [2011] Cost of Care Survey, conducted by Care Scout, [4/2011].

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[Group Logo Here]

[Month Date, 20xx]

Coverage ID Number [123456-7890]

[Response] [M.] [Group Sample]
[3951 Westerre Parkway]
[Suite 370]
[Richmond, VA 23233]
[XXXXXXXXXXXXXXXXXXXXXXXXXXXX]

Dear [Response M. Group,]

Since [effective year], [Group Name] has provided associates with basic long term care insurance through the [Group Name] Group Long Term Care Insurance Program. Now, as one of the key benefits, you have the opportunity to purchase more coverage to help your plan keep pace with the costs of long term care.

You qualify for this additional coverage as long as you are not currently in claims status. As long as you are an employee, [Group Name] will continue to pay for your basic coverage and, if you increase your benefits, you will only pay the premium for the additional coverage. If you do not increase your benefits with this offer, your current coverage will continue unchanged; however, once you decline two consecutive offers, you will not be eligible for future coverage increases under these terms.

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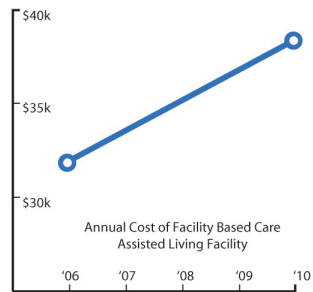
Sincerely,

[Name]
[Title]
Genworth Life Insurance Company

NS46334C-LTR 05/11

**Long Term Care Insurance
Group Processing Center**
PO Box [64010]
[St Paul, MN 55164-0010]

Help to better protect yourself, your family and your assets from the rising cost of long term care



The annual cost of long term care among assisted living facility providers has steadily increased over the past five years.¹

The good news – for a limited time, you can take advantage of group rates to purchase the additional coverage you'll need to keep pace.

The premium you'll pay for the increase in your coverage will be based on your age as of [xx/xx/20xx].

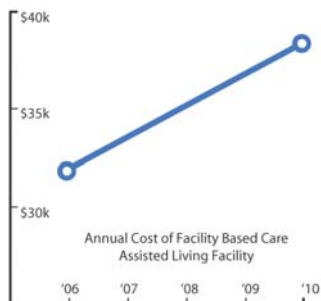
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Genworth Life Insurance Company
Long Term Care Insurance
Group Processing Center
PO Box [xxxxx]
[St. Paul, MN 55164-0010]

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[\[www.upgradeltc.com\]](http://www.upgradeltc.com)



Call toll-free:
[1-800-555-1212]



By mail:
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Coverage ID Number: [XXXXXX]

[July 23, 2008]

[F_Name] [M_Initial] [L_Name]
[Street Address]
[City, State Zip Code]

Dear [F_Name] [M_Initial] [L_Name]:

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Sincerely,

[Name]
[Title]

<i>SERFF Tracking Number:</i>	<i>LTCG-127162983</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Third Party Filer Authorization	Filed-Closed	06/02/2011
Comments:			
Attachment:			
	Univita Filing Auth GNW2011.pdf		

		Item Status:	Status
			Date:
Satisfied - Item:	Cover Letter and Forms List	Filed-Closed	06/02/2011
Comments:			
Attachments:			
	AR FPO Ltrs Cover Letter.pdf		
	FORMS LIST 4LTRS.pdf		



6620 West Broad Street
Building 4
Richmond, VA 23230
genworth.com

Dear Commissioner:

Genworth Life Insurance Company and, in New York, Genworth Life Insurance Company of New York hereby authorize Univita to submit Group Long Term Care insurance filings to state insurance departments on our behalf.

Sincerely,

Paul J. Loveland
Vice President
Genworth Life Insurance Company
Genworth Life Insurance Company of New York

May 5, 2011
Date



Timothy P. Cassidy
Director, Compliance Services
Univita Health, Inc.
5 Commonwealth Rd
Suite 2B
Natick MA 01760

Tel: 952.516.6195
Fax: 952.983.5128

www.univitahealth.com

May 19, 2011

Filed in SERFF

State of Arkansas
Department of Insurance
ATTN: Advertising Review

**Re: ADVERTISING FILING: ACCIDENT AND HEALTH INSURANCE
GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025
Group Long Term Care Insurance Marketing Materials: See Listing
For use under Group Policy Forms 7046POL, et al**

Dear Sir or Madam:

On behalf of Genworth Life Insurance Company we submit, for your information and approval, the company's letters to be used in the Future Purchase Option Offer under its Group Long Term Care Insurance product on policy form series 7046 that was approved by Arkansas on September 13, 2005 and subsequently. These letters will be used with previously filed advertising components on file with your Department on December 28, 2009, in SERFF filing identification number GEFA-126425965, Arkansas filing identification number 44374.

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Other changes reflect the updated graphic depiction of the costs of care, and a correction to the caption below that graphic.

The material may be either generated from a system using forms created in Microsoft Word – those pieces include an "L" in the form number; OR generated from a print vendor using a more sophisticated graphic design.

The Offer Letters to Core Only insured persons, form numbers NS46334C-LTR 05/11 and NS46334CL-LTR 05/11, introduce the offer to those persons who are currently covered only by the base plan paid for by the employer/policyholder, and indicate the reply by date that must be met to allow the increase without underwriting. The Offer Letters to Voluntary insured persons, form numbers NS46334B-LTR 05/11 and NS46334BL-LTR 05/11, introduce the offer to those persons who are currently covered by voluntary or Core and Voluntary coverage, and indicate the reply by date that must be met to allow the increase without underwriting.

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1. Variables are for the individualized information that is populated with the Group Policyholder's and insured's specific data.

2. Variables that will or will not appear, dependent on whether or not the Group Policy includes a Core and Buy-up plan.
3. The variables associated with the current cost of care survey. The year of the survey and the values for the cost of care will be taken from the latest survey available.

If you should have any questions, please dial me directly at (952) 516-6195 or toll free at (888) 312-5824. You may also send me an email at tcassidy@univitahealth.com.

We hope you find this submission satisfactory and look forward to your response. Thank you for your time and consideration of our request.

Sincerely,

A handwritten signature in blue ink, appearing to read "Timothy P. Cassidy". The signature is fluid and cursive, with a long horizontal stroke at the end.



Long Term Care Insurance
6620 West Broad Street, Building 1
Richmond, VA 23230

GENWORTH LIFE INSURANCE COMPANY		
FORMS LISTING – FUTURE PURCHASE OPTIONS		
Form Number	Form	Advertising
NS46334C-LTR 05/11	Offer Letter for Future Purchase Option to Core Only insureds	Invitation to Contract
NS46334B-LTR 05/11	Offer Letter for Future Purchase Option for Voluntary Coverage	Invitation to Contract
NS46334CL-LTR 05/11	Word – Offer Letter for Future Purchase Option to Core Only insureds	Invitation to Contract
NS46334BL-LTR 05/11	Word – Offer Letter for Future Purchase Option for Voluntary Coverage	Invitation to Contract